During the course of my residency training, I have experienced and witnessed patients and visitors harassing health care workers (HCWs) by cursing or directing racial slurs at them, making sexist comments, or threatening their lives. What should be the correct response to this harassment? To say nothing may avoid conflict, but the silence perpetuates such abuse. To speak up may provoke aggression or even a physical assault. Further, does our response change if it is not the patient but someone who is accompanying them who exhibits this behavior?

I conducted a survey of psychiatry HCWs at our institution to evaluate the prevalence of and factors associated with such harassment.

An all-too-common problem

In a December 2020 internal survey at the University of Missouri Department of Psychiatry, 59 of 158 HCWs responded, and 26 (44%) reported experiencing or witnessing on-the-job harassment or abuse. Factors that were statistically significantly associated with experiencing or witnessing on-the-job harassment or abuse included being non-White, working in a patient-facing position, and being a nonphysician patient-facing HCW (Table 1, page 49). Factors that were not significantly associated with experiencing or witnessing on-the-job harassment or abuse included clinical setting, HCW age, and HCW gender (Table 2, page 49).

In addition to comments from patients and visitors, respondents stated that the harassment or abuse also included:

- physically threatening behavior and assault
- reporting a HCW for HIPAA (Health Insurance Portability and Accountability Act) violations after the HCW declined to provide an early refill of a controlled substance
- being accused of being a bad person for declining to prescribe a specific medication
- insults about not being intelligent enough to be on the treatment team
- comments from colleagues.

At the most basic level of response, the emergency department (ED) remains under the Emergency Medical Treatment and Labor Act (EMTALA) obligation to see, screen, and stabilize any patient, and if psychiatry is consulted in the ED, we should similarly provide this standard of care. Beyond this, we can create behavioral plans for when a relevant diagnosis exists or does not exist, and patients and/or visitors can be terminated from their stay at the location/service/health care system. Whether or not a patient is receiving psychiatric care and/or treatment is irrelevant to the responses to harassment we might consider.
During the incident itself, we are empow-
ered to remove ourselves from the patient
encounter. Historically, HCWs have had
strong opinions on the next steps, either
deciding, “Yes, I am a professional and I
will not be bullied,” or “No, I am a profes-
sional and I don’t need to deal with this.”
Just as we prioritize our patients’ dignities,
we should also respect our own and our
colleagues’ dignities.

How harassment is handled
at our facility
HCWs are commonly unsure whether to
“call out” abusive comments during the
encounter itself or afterwards. In our hospi-
tal, HCWs are encouraged to independ-
ently choose to immediately respond,
immediately report to a supervisor or
hospital security, or defer and report to
leadership afterwards via the Patient
Safety Network (PSN). The PSN is our
hospital’s reporting system for medical
ersors, near misses, and abuse, neglect,
and workplace violence. Relevant exam-
pleS of abuse, neglect, and workplace vio-
lence include:
• Threats. Expression of intent to cause
harm, including verbal or written threats
and threatening body language
• Physical assault. Attacks ranging from
slapping and beating to rape, the use of
weapons, or homicide
• Sexual assault. Any type of sexual con-
tact or behavior that occurs without the
explicit consent of the recipient, such as
forced sexual intercourse, forcible sodomy,
child molestation, incest, fondling, and
attempted rape.

Once complete, the PSN report is sent
to Risk Management and other relevant
groups, such as a 5-person team of secu-
rity investigators, who are trained in

| Table 1 |
| Factors significantly associated with HCW harassment*a |

| Higher rate of harassment | Lower rate of harassment | *P*
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-White (50%; 7 of 14)</td>
<td>White (21%; 7 of 35)</td>
<td>.048</td>
</tr>
<tr>
<td>Patient-facing (51%; 25 of 49)</td>
<td>Not patient-facing (10%; 1 of 10)</td>
<td>.017</td>
</tr>
<tr>
<td>PSR, PA/PA fellow, LPN/RN/tech, attending, resident/fellow (53%; 29 of 45)</td>
<td>Other (12%; 2 of 17)</td>
<td>.003</td>
</tr>
<tr>
<td>PSR, PA/PA fellow, LPN/RN/tech (85%; 11 of 13)</td>
<td>Attending, resident/fellow (41%; 13 of 32)</td>
<td>.007</td>
</tr>
</tbody>
</table>

*aBased on a survey of 59 HCWs at 1 facility
HCW: health care worker; LPN: licensed practical nurse; PA: physician assistant; PSR: patient service representative; RN: registered nurse

| Table 2 |
| Factors not significantly associated with HCW harassment*a |

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th><em>P</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (51%; 21 of 41)</td>
<td>Male (29%; 5 of 17)</td>
<td>.128</td>
</tr>
<tr>
<td>Age 41 to 50 years (50%; 3 of 6)</td>
<td>Age 31 to 40 years (52%; 11 of 21)</td>
<td>.916</td>
</tr>
<tr>
<td>Age 31 to 40 years (52%; 11 of 21)</td>
<td>Age 21 to 30 years (38%; 8 of 21)</td>
<td>.352</td>
</tr>
<tr>
<td>Outpatient only (50%; 10 of 20)</td>
<td>Inpatient only (36%; 4 of 11)</td>
<td>.465</td>
</tr>
<tr>
<td>Outpatient only (50%; 10 of 20)</td>
<td>Both inpatient and outpatient (61%; 11 of 18)</td>
<td>.492</td>
</tr>
</tbody>
</table>

*aBased on a survey of 59 HCWs at 1 facility
HCW: health care worker
Residents' Voices

Clinical Point

One response to HCW harassment is to create a patient behavior plan that outlines expectations, care parameters, and consequences.

Lessons from our facility's policy

In our health care system, our primary response to HCW harassment is to create a patient behavior plan that lays out specific expectations, care parameters, and consequences (up to terminating a patient from the entire health care system, except for EMTALA-level care). Clinicians are encouraged to report harassment to hospital administration, and a team of security investigators discusses expectations with the patient and/or visitors to prevent further abuse. We believe that describing our policies may be helpful to other health care systems and HCWs who confront this widespread issue.